

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534087

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	2		1			
4	1		1			
5	1		1			
6	2		1			
7	1		1			
8	1		1			
9	2		1			
10	2		1			
11	1		1			
12	2		1			
13						
14						
15	8		1			
16	1		1			
17						
18	2		1			
19	1		1			
20	1		1			
21	8		1			
22	1		1			
23	8		1			
24	1		1			
25	1		1			
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49						
50						
TOTAL IND.	6	↓	4	↓		↓
TOTAL DEP.	25	↔	19	↔		↔
TOTAL CLAIMS	31		25			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.			↔		↔	↔
TOTAL CLAIMS						